

PLAINTIFF

LEROY RILEY

COURT CASE NUMBER

05-172 ER18

DEFENDANT

CHARLES M. SIMPSON

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Pennsylvania Dept of Correction (Cenken) office
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Camp Hill, PA

2520 LISBURN RD, P.O. Box 0598 17001-0598

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

LEROY RILEY F08672
SCT Forest, P.O. Box 945
Marienville, PA 16239-0945

Number of process to be served with this Form 285

Number of parties to be served in this case

5

Check for service on U.S.A.

✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

Pro se Leroy Riley

☒ PLAINTIFF

DEFENDANT

TELEPHONE NUMBER

DATE

3/13/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

No.

No.

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

3/21/06

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS: Out 3-23-06 9842 8020 3201

PRIOR EDITIONS
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00